| Electronic Patent Application Fee Transmittal |  |          |          |        |                         |  |  |
|---|--|----------|----------|--------|-------------------------|--|--|
| Application Number:                           | 10772944   |          |          |        |                         |  |  |
| Filing Date:                                  | 05-Feb-2004  |          |          |        |                         |  |  |
| Title of Invention:                           | Implantable medical device with external recharging coil |          |          |        |                         |  |  |
| First Named Inventor/Applicant Name:          | John E. Kast   |          |          |        |                         |  |  |
| Filer:  | William David Bauer/April Kaplan                         |          |          |        |                         |  |  |
| Attorney Docket Number:                       | 151P08970US02  |          |          |        |                         |  |  |
| Filed as Large Entity                         |  |          |          |        |                         |  |  |
| Utility Filing Fees                           |  |          |          |        |                         |  |  |
| Description                                   |  | Fee Code | Quantity | Amount | Sub-Total in<br>USD(\$) |  |  |
| Basic Filing:                                 |  |          |          |        |                         |  |  |
| Pages:  |  |          |          |        |                         |  |  |
| Claims:                                       |  |          |          |        |                         |  |  |
| Miscellaneous-Filing:                         |  |          |          |        |                         |  |  |
| Petition:                                     |  |          |          |        |                         |  |  |
| Patent-Appeals-and-Interference:              |  |          |          |        |                         |  |  |
| Post-Allowance-and-Post-Issuance:             |  |          |          |        |                         |  |  |
| Extension-of-Time:                            |  |          |          |        |                         |  |  |
| Extension - 2 months with \$0 paid            |  | 1252     | 1        | 460    | 460                     |  |  |

| Description    | Fee Code            | Quantity | Amount | Sub-Total in<br>USD(\$) |
|----------------|---------------------|----------|--------|-------------------------|
| Miscellaneous: |                     |          |        |                         |
|                | Total in USD (\$) 4 |          |        | 460                     |